

Application for Administrator's Certificate

Form 441-12 (Rev. 10/2000)

Producer Licensing Bureau

P.O. Box 1139

Sacramento, CA 95812-1139

Information (800) 967-9331 Or (916) 322-3555

www.insurance.ca.gov

FOR DEPARTMENT USE

To the Insurance Commissioner of the State of California:

File No. _____

APPLICATION FOR ADMINISTRATOR'S CERTIFICATE

Approved by _____

IMPORTANT: Read FILING INSTRUCTIONS on Page 4 before completing this application.

OS _____

Certificate
Issued _____Certificate
Mailed _____

1. Type of Entity - check only one

☐ Individual☐ Corporation☐ Partnership (list partnership's FEIN#)

(Federal Employee Identification number)

2. Name of Entity _____

3. Principal business address (include room or suite number)

Number Street City or Town

State Zip Code Area Code Telephone Number

4. If Entity is a partnership, give the full names and social security numbers of all partners.

5. If Entity is an Organization (Corporation or Partnership), give name and social security numbers of all natural persons who will transact business under the Certificate of Registration. Show relationship of each to the organization (ie., general partner or employee of partnership; officer or employee of corporation). Attach extra sheet if more space is required.

6. Are you now, or have you ever been, licensed to transact any type of insurance in this state, or in any other state, or in any province of Canada.

☐ Yes

☐ No

7. If your answer to question 6 is "yes", supply the following information (attach extra sheet if necessary).

Type of License	State or Province	Dates From To	Is license now in force?
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8. (a) Have you ever been the subject of any administrative agency disciplinary action? For the purpose of this question, administrative agency disciplinary action includes: having any professional, vocational or business license denied, suspended, restricted or revoked, or any fine imposed; withdrawing any application or surrendering any license to avoid disciplinary action; being issued a cease and desist order or its equivalent; being the subject of a conservation, liquidation, rehabilitation or receivership order. ☐ yes ☐ no

(b) Have you ever been convicted of any crime (answer "yes" even if a conviction was expunged)?

☐ yes ☐ no

CAUTION: Answers are checked against available records.

If your answer to questions 8(a) or 8(b) is "yes" attach a supplementary statement giving the name of the court or governmental body before which each action took place, the date, and a statement of the acts involved; also attach certified copies of all court orders, etc.

9. If Individual: Social Security Number _____ - _____ - _____

10. I (we) apply for a Certificate of Registration as an Administrator(s) pursuant to the provisions of Chapter 5A, Part 2, Division 1 of the Insurance Code of the State of California, and I (we) certify (or declare) under penalty of perjury that I (we) have read the foregoing application and know the contents thereof and that each statement therein made is full, true and correct. I (we) understand that pursuant to Sections 1668(h) and 1738 of the California Insurance Code, any false statement may subject my (our) application(s) to denial and any subject my (our) Certificate of Registration to suspension or revocation.

Further, pursuant to Insurance Code Sections 1703 and 1733, I (we) authorize disclosure to the Insurance Commissioner of all financial institution records of any and all fiduciary accounts for the duration of the terms of this Certificate of Registration.

Signature(s) _____, _____

Relationship/Title _____, _____

Executed this ____ day of _____, 20____, at _____

In accordance with Section 1666 of the California Insurance Code, this department is requesting additional information from all applicants for the subject license. Please submit the following items with the attached application. Organizations must complete questions 1 through 9. Individual applicants must complete questions 5 through 9.

1. A statement as to whether your organization is a California corporation, please include a photocopy of your Articles of Incorporation.
2. A list of all current corporate officers, including their complete home address. Please include a statement as to the percentage of stock ownership in the organization, if any.
3. A list of all current directors of the organization, including their complete home address. Please include a statement as to the percentage of stock ownership in the organization, if any.
4. A list of all current stockholders in the organization with complete home address, along with the percentage of stock ownership of 10% or more.
5. A statement as to the number of employees employed by you or your organization. Please include the names of key employees who will assist in performing the tasks of an administrator with a brief statement as to their job assignments. Include an organization chart if it will assist in clarifying the organization structure.
6. A copy of the formal written agreement, required by California Insurance Code Section 1759.1, between you or your organization and the insurers with whom you plan to do business. If your organization will not do business with insurers, explain who will indemnify the insured.
7. A statement as to any bank facility, including complete address and account number, that has been selected in which you or your organization will maintain any fiduciary bank account required under Section 1759.6 of the Code.
8. A statement as to any bank facility, including complete address and account number, that has been selected in which you or your organization will maintain any claims payment bank account required under Section 1759.6 of the Code.
9. A statement as to how you plan to conduct your business. Include the types of clients you anticipate will use your services as an administrator and the total number of insureds that you anticipate will be handled by your organization.

NOTICE: INFORMATION COLLECTION AND ACCESS

The Governor's Executive Order B-22-76 requires the following information to be provided when collecting information from individuals:

AGENCY NAME	TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:
Department of Insurance	Chief, Producer Licensing Bureau
ADDRESS	TELEPHONE NUMBER
Department of Insurance, 320 Capitol Mall, Sacramento, CA 95814	(916) 322-3555

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION
California Insurance Code, Chapters 5, 6, 7, 8 -- Part 2, Division 1

THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION:
Delay or non-issuance of Certificate of Registration applied for.

THE PRINCIPAL PURPOSES(S) FOR WHICH THE INFORMATION IS TO BE USED:
Evaluation of Certificate of Registration application.

NATURAL PERSONS HAVE THE RIGHT TO REVIEW FILES MAINTAINED ON THEM BY THE DEPARTMENT,
UNLESS THE INFORMATION IS EXEMPTED UNDER SECTION 4 OF SAID EXECUTIVE ORDER.

FILING INSTRUCTIONS

A. Question 8: All records will be checked against available records.

Question 8(b): Answer must include all convictions including those which have been expunged pursuant to Section 1203.4 of the California Penal Code or similar statute.

B. Make checks payable to "California Department of Insurance".

MAIL THE FEES AND ALL REQUIRED DOCUMENTS TO:

Department of Insurance
P.O. Box 1139
SACRAMENTO, CA 95812-1139